

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
117647776

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2	/		/			
3	(1)					
4	(1)					
5	(1)					
6	(1)					
7	1		1			
8	1		1			
9	2		1			
10	(1)		1			
11	(1)		1			
12	(1)	1	1			
13	(1)		1			
14	(1)		1			
15	(1)		1			
16	(1)		1			
17	(1)		1			
18	(1)		1			
19	(1)		1			
20	(1)		1			
21	(1)		1			
22	(1)		1			
23	(1)		1			
24	(1)		1			
25	(1)		1			
26	1		1			
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TOTAL IND.			3			
TOTAL DEP.			30			
TOTAL CLAIMS	25	23	23	23	23	23

	*	*	*	*
	IND.	DEP.	IND.	DEP.
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100				
TOTAL IND.				
TOTAL DEP.				
TOTAL CLAIMS				